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|---|--|---|
| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10602838 | <b>Applicant(s)/Patent Under Reexamination</b><br>HANSEN ET AL. |
|   | <b>Examiner</b><br>JULIE HA                | <b>Art Unit</b><br>1654   |

| ORIGINAL                  |  |          |       |     |  | INTERNATIONAL CLASSIFICATION |   |   |   |                      |             |  |  |  |  |  |  |  |
|---------------------------|--|----------|-------|-----|--|------------------------------|---|---|---|----------------------|-------------|--|--|--|--|--|--|--|
| CLASS                     |  | SUBCLASS |       |     |  | CLAIMED                      |   |   |   |                      | NON-CLAIMED |  |  |  |  |  |  |  |
| 514                       |  | 2        |       |     |  | A                            | 6 | 1 | K | 38 / 00 (2008.01.01) |             |  |  |  |  |  |  |  |
| <b>CROSS REFERENCE(S)</b> |  |          |       |     |  | A                            | 8 | 1 | K | 38 / 38 (2008.01.01) |             |  |  |  |  |  |  |  |
|                           |  |          |       |     |  | C                            | 0 | 7 | K | 14 / 00 (2008.01.01) |             |  |  |  |  |  |  |  |
|                           |  |          |       |     |  | C                            | 1 | 2 | N | 5 / 00 (2008.01.01)  |             |  |  |  |  |  |  |  |
| <b>CLASS</b>              | <b>SUBCLASS (ONE SUBCLASS PER BLOCK)</b> |          |       |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| 514                       | 12                                       |          |       |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| 530                       | 384                                      |          |       |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| 435                       | 69.1                                     | 69.6     | 254.1 | 325 |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |       |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |       |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |       |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |       |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |       |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |       |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |       |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |       |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |       |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |       |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |       |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |       |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |       |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input checked="" type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|--|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final  | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
| 1  | 1        | 17    | 24       |       |          |       |          |       |          |       |          |       |          |       |          |
| 2  | 2        | 18    | 25       |       |          |       |          |       |          |       |          |       |          |       |          |
| 3  | 3        | 19    | 26       |       |          |       |          |       |          |       |          |       |          |       |          |
| 4  | 4        | 20    | 29       |       |          |       |          |       |          |       |          |       |          |       |          |
| 5  | 6        | 21    | 30       |       |          |       |          |       |          |       |          |       |          |       |          |
| 6  | 7        | 22    | 31       |       |          |       |          |       |          |       |          |       |          |       |          |
| 7  | 11       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 8  | 14       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 9  | 15       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 10   | 16       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 11   | 17       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 12   | 18       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 13   | 19       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 14   | 21       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 15   | 22       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 16   | 23       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |

|  |                             |                              |                           |
|--|-----------------------------|------------------------------|---------------------------|
|  |                             | <b>Total Claims Allowed:</b> |                           |
|  |                             | 22                           |                           |
| (Assistant Examiner)<br>/JULIE HA/<br>Examiner.Art Unit 1654<br>(Primary Examiner) | (Date)<br>3/17/10<br>(Date) | O.G. Print Claim(s)<br>1     | O.G. Print Figure<br>None |